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APPLICANTS

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**** CONTINUING DATA ******* *Em*
 This application is a CIP of 10/020,806 12/12/2001 PAT 6,659,429

**** FOREIGN APPLICATIONS ******* *Em*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Em</i> Examiner's Signature Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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TITLE
 Self-locking reduction device

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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